COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/15

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

	, and the second
01	LAST NAME FIRST NAME MI SUFFIX
	SCOTT WALLACE
02	ADDRESS office (business or governmental) or home City State Zlp Code Area Code Phone 910 Washing Ton St READING PA 19601 (484) 335-058
,—NO	TE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) Check this
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing
	B Nominee C Public Official (Former) D Public Employee (Former) as a solicitor an original filing
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.) seeking hold held
Α	MAYOR
	seeking hold held
вГ	
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
А	DISTRICT JUNGE 2313 READING PA
_	DITI 121 12 11 1310 11 14 12 13 13 14 17 18 18 18 18 18 18 18 18 18 18 18 18 18
В	
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.
<u>K</u>	ETI'NEDDISTRICT JUDGE 2014
80	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
8	41-908-912-919 Washingtonst Rd9 Pe 19601 36-910-917 Washingtonst Rd9 Pe 19601
<u>770</u>	
09	CREDITORS (See instructions an page 2). Creditor (Name and Address) If NONE, check this box. Name: National Fenn Bank Address: ZIN6th St. Ref. Ref. Interest Rate
	Chase BANK NY - BANK AMERICARD - LOWWS - Honedepot
10	
,,,	chack this block
	Name: STATE OF PA Address: 101N9th St Relight
	·
11	GIFTS (See instructions on page 2) If NONE, check this box.
г	Source of Gift Value of Gift
•	Address of Source of Gift Circumstances (Including description) of Gift
12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value
,_ 	Source (Name and Address)
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box.
••	Business Entity (Name and Address) Position Held
	Name: Address: DECIETVE
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2). If NONE, chark this box.
	Name and Address of Business MAR 0 9 7015 U Interest Held
	make
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instruction page 2) It NONE, check this box.
	Relationship
The	undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge. Information and belief, said affirmation being made subject
to the	e penalties prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Signature Enter Current Date

City of Reading

Candidate Political Committee Form

The reporting of candidate political committees is required by the City of Reading Code of Ethics, Section 12 Campaign Contributions & Reporting Requirements. Section 12 describes the limitations placed on candidates and the reporting requirements of candidates. Section 12 also requires that the formation of a candidate political committee be reported to the City Clerk's office.

If you are unsure about the need to file the Candidate Political Committee Form, please contact the City Clerk's office at 610-655-6204. This form must be filed with the City Clerk's office upon its completion.

Friends of Wally Scott, 106 North 9th St., Reading, PA 19601

Name and Address of Committee:	Friends of Wally Scott, 106 North 9th St., Reading, PA 19601				
Name of Candidate:	Wally Scott National Penn Bank, Account # 218512406				
Bank Account Information of Committee:					
Treasurer's Name:	Edward L. Perkins				
Date Formed:	1-2-15				
Report Prepared By:	necewed 1-8-15 mak				
Per	1-8-15				
Name: Reimundo Encarnacio	n A				
Date:	mak				

City of Reading

Candidate Political Committee Form

The reporting of candidate political committees is required by the City of Reading Code of Ethics, Section 12 Campaign Contributions & Reporting Requirements. Section 12 describes the limitations placed on candidates and the reporting requirements of candidates. Section 12 also requires that the formation of a candidate political committee be reported to the City Clerk's office.

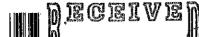
If you are unsure about the need to file the Candidate Political Committee Form, please contact the City Clerk's office at 610-655-6204. This form must be filed with the City Clerk's office upon its completion.

Name and Address of Committee:	friends wally Scott	
Name of Candidate:	warry Scott	
Bank Account Information of Committee:	National Penn Bank 218512	406
Treasurer's Name:	Malloy Scott	
Date Formed:	1-2-15	

Report Prepared By:

Name: Rememb Encamación

Date: 1 - 6 - 15



MAY O 8 2003 Commonwealth of Pennsylvania - Campaign Finance Report

RY.	(Note: Th			legible. It sho			
Filer Identification Number		Report Filed B (Mark X)	y Candida	te X	Committee		Lobbyist
Name of Filing Committee, Co Lobbyist	andidate or	Wany Scott					
Street Address		910 Washington St					
CHYREADING T	CEADING		State	PA. Zip Code 19601			
Type of Report (Place x under							
1- 6 th Tuesday 2- 2 nd Friday Pre-Primary Pre-Primary	_	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
Date Of Election (MM/DD/YYYY)		Year	E	Amendment Report		Termination Report	•
Summary of Receipts and	From Date	To Date	2		For	Office Use Only	
Expenditures	31115	4 51	4115	·		,	
A. Amount Brought Forward		\$	0				
B. Total Monetary Contributi (From Schedule I) C. Total Funds Available	ons and Receipts	\$	- 0			2015 may	RECE BERKS ELECTION
(Sum of Lines A and B)		\$ _ 0 _				pictor of pictor	
D. Total Expenditures (From Schedule III)		\$ 9,199.41				∞	
E. Ending Cash Balance (Subtract Line D from Line C)		3 _ 0 -			=	e e e e e e e e e e e e e e e e e e e	
F. Value of In-Kind Contribut (From Schedule II)	ons Received	\$	0			w	54
G. Unpaid Debts and Obligat (From Schedule IV)	ions	\$	0	İ		25	S
	·	2	Af w avit Se			4 144 14., 4.4	
Part 1- If this is a Committee rep	ort, treasurer sign he	ere. If this Ka Ca	ndidate sport, c	andidate sign here	١,		
Sworn to and subscribed before	t, including the attai me this	ned schedules d	a balta a to the	best of my knowle	edge and belief	true, correct and compi	ete.
82 day of Aury	. 29 /3		Tion 3			1	
Part 1- If this is a Committee rep. I swear (or affirm) that this report Sworn to and subscribed before by day of May				Signatur	e of Person Sab	mitting report	
Signature		Santar Santar	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Carl	Printed Nar	ne	The same of the sa
My Commission expires <u>。の</u> MO.	03 / Sr DAY YR.	NWEALTH NOTAR	Annunissi	484 Area Code	Da	33-05 aytime Telephone Numl	S Der
Part II- If this is a report of a Can		Committee, can					
I swear (or affirm) that to the beamended.	st of my knowledge	and belie this po	olitical immittee	has not violated a	any provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
Sworn to and subscribed before	me this	<i>y</i> 					
day of	20	- '	-	S	Ignature of Cano	lidate	
Signature		- []	*****	Printed Name			
My Commission expires		_					
MO.	DAY YR.			Area Code	Da	ytime Telephone Numb	er

Statement of Expenditures

Filer Identification Number:	Statement of I	Expenditures
To Whom Paid		
House # Street Addre		Date [MM/DD/YYYY] \$
City READING To Whom Pald	11 1 1 1	Description of Expenditure
	Code	19604 Sign Sticks
City A 1600 CCC A	220 N Pank Rom	
To Whom Pald Street	State PA Zip	Systianure
otreet Address	1165	Date [MM/DD/YYYY] \$
To Whom Paid	State R Zip Code	Description of Expenditure
House # 74/1 Street Address	ly Rivers	Date [MM/DD/YYYY] \$
City READING	N 82 St	Description of 1600 - 01
4.50 P. 10 P	repeda JR	of office 5,000 of
Ity	Swill in to	01-15-2-5 30
Whom Pald	Pa 30	
Uack Mu Use # Street Address		Date [MM/DD/YYYY] \$ 120:000
	STREET ate / Zip Code	Description of Expenditure
TRIEN Q	of leville Can	Date [MM/DD/YYYY] &
REDAD: 11/2 Sia	Naact	Description of French
Om Paid Key Street Address	Code 19/0/	1 Copyright
220	N Pape CO	
State 分類	71	S. Apenditure:
		Latter

SCHEDULE III

Statement of Expenditures

Filer identification	Numbert
Carrier St. Carrier St. (St. Carr	(A) 数据的 (2) 20 20 20 20 20 20 20 20 20 20 20 20 20
	36
	Action Services
The same of the sa	

	Date [MM/DD/YYYY] \$ CC2 129
To Whom Pald HST SigNS	Date [MM/DD/111] 982 50
III Company & Company	Description of Expenditure 16.458.45
100 1	
City PUEntburn State PA Zip Code 18102	Signs -
PER YORK AND DOLL	Date [MM/DD/YYYY] \$ 1,054-87
Fast Signs	02 10 200
House # 700 Street Address N 13 Th St	Description of Expenditure
Choto () Zip	Signs
16 THILINGTON	Date [MM/DD/YYYY] \$ 1700.00
To Whom Pald LAND DISPLAYS	
House # 1350 Street Address 1350 Sch UYKILLAVE 19 1960	Description of Expenditure
City DEADING State PA Zip Code 19601	
ははなり	Date [MM/DD/YYYY] \$ 390.00
To Whom Paid I that Hart De Signs	OI 22 2015 3 10 00 Description of Expenditure
House # 423 Street Address N Brobat 5+	Description of Experiments
City READING State PL Zip 19607	FLYEN
KONWITT THE PROPERTY OF THE PR	Date [MM/DD/YYYY] \$ 200.00
GLAD Tidings	Ol 29 2015 Description of Expenditure:
House # 1110 Street Address Snyden Road	
city West WAWN State Pa Zip Code 19609	Adv-Program Book
Medi Min	Date [MM/DD/YYYY] \$
STAPES - Wyomissing	Description of Expenditure
House # Street Address Wyomung; Day	
clivy Wyomissing State Pa Zp code	Voters List. LAbles
	O3 [16/20/5] 62.54
	Description of Expenditure
House# 700 Street Address N 135 St	
city Albertonn State R Code 18102	wire In Signs
rewhompald Key Stone Printing	04/23/2015 \$ 630.70
Hange # Street Address // // // //	Description of Expenditure
City WY OMISSING State PA Code 19610	32
SEE WY UUI > 31 T SEE V T	



	8 G YAM	7315					TIC	set Fo	(11)	Print F
67/2	C	ommonwe	ealth of Pe	ennsylvani	a - Campai	gn Financ	e Report	<u>.</u>		
Filer Identifica	D T. T.	(Nate: 1	his report m	ust be clear an	d legible. It sho	ould be type	d)	_	AGE 1 OI	F 26
Number			Report Filed (Mark X)	By Candid	ate	Committee	e	X	Lobbyist	
Name of Filing Lobbyist		andidate or	Friends	of Wally Sc	ntt	<u></u>	<u> </u>			
Street Address			106 N. 91		<u> </u>					
City	Read	ing		State	PA	Zip Code	19601			
Type of Report	(Place x under	report type)			. , ,		19001			
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post	4- 6 th Tuesday Pre- Election	7 5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd		Special 3	
	X	 	The Election	Fie-Election	Election	 	Pre-Election	n 	Post-Elec	tion
Date Of Election			Year							
(MM/DD/YYYY)		05/19/2015	l	2015	Amendment Report		Termination Report	n		
Summary of Rec Expenditures	ceipts and	From Date	To Dat	te		For	Office Use On	ly		
		01/02/2015	05/04	1/2015						
A. Amount Brou			\$						···	
B. Total Moneta (From Schedule	ry Contributio	ns and Receipts	\$	0.00						
C. Total Funds A	vallable		\$	48,000.00				r~>		*
(Sum of Lines A			.	48,000.00					m	t- 1:
D. Total Expenditures (From Schedule III)			\$						I'll rus	
E. Ending Cash Balance			\$	44,008.98					<.> Lul	70 *
(Subtract Line D from Line C)				3,991.02				~~	95	rri C>
F. Value of In-Kir	nd Contribution	ns Received	\$					00	and the same of th	rra i
(From Schedule I G. Unpaid Debts			0.00					T E	ryn ()	177
(From Schedule I	v) V)	15	\$	0.00					46 22	5
				Affidavit Can	tion			_ <u></u> _		
Part 1- If this is a Co	mmittee report, hat this report, is	, treasurer sign he	re. If this is a Can		/- 			<u>27</u>	<u> </u>	-;-
l swear (or affirm) t Sworn to and subsc	ribed before me	nciuumg the attaci this	ned schedules of	n paper, is to the g	est of my knowledge	e and belief tru	e_correct and c	omplete		
	May	20_15								بند
m. There	sa Citren	baum	-	Ed	Signature o Iward L. Perkir	f Person Submit	ting report	<u>-</u>	- '	
	gnature		.1 -		<u></u>	Printed Name			-	
My Commission exp	MO.	2.1 c2016 DAY YR.		61 Ar	0 ea Code	565-	1708 me Telephone M	Uranala a s	-	
Part II- If this is a rep	ort of a Candida	ite's Authorized Co	ammittae a offic							
swear (or affirm) th mended.	at to the best of	my knowledge an	id belief this S ili	date shall sign her tical commisee ha	e. Is not violated any	provisions of the	Act of June 3,	1937 (P.L	. 1333. NO.3	320) as
worn to and subscri			, KE	Public unty 3, 2012 of NO				·	,	
C +3	пред ветоге те т	inis	NNS	Tay 3, 10 NO	•	\checkmark)			
a last 1	ung /	<u> </u>	S. S	Serks Serks ocial	Ciana	ture of candidat				
Sig	nature		H O H	Ma S Wa	lly Scott					
ly Commission expl	rec Of C	3 11	ALT FOTA	Read Read Ssion		rinted Name		_		
,		PAY YR.	N N	As Are	4 a Code	772-3		<u> </u>		
			MONWEAL	Aveling Co. C. Co. C. C. PENN		Daytim	e Telephone Nu	mber		
Соммо	NWEALTH OF	PENNSYLVAN				· .	<u> </u>			

SCHEDULE I

Contributions and Receipts Detailed Summary Page

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
550.00 of Less per Contributor			
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			350.0
Contributions Received from Political Committees (Part A)			<u></u>
_		\$	
All Other Contributions (Part B)		\$	0.0
Total for the reporting period	(2)	\$	8,700.0
3. Contributions Over \$250.00 (From Part C and Part D)			9 700 0
	•	W.	8,700.00
Contributions Received from Political Committees (Part C)			
Political Committees (Part C)			
_		\$	
All Other Contributions (Part D)		\$	0.00
All Other Contributions (Part D)	(3)		0.00
All Other Contributions (Part D) Total for the reporting period		\$	38,950.00
All Other Contributions (Part D)	- 1	\$	
Total for the reporting period Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) Total for the reporting period		\$	38,950.00
Total for the reporting period I. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	(4)	\$	38,950.00

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

Filer identification Number:

(Exclude contributions from political committees reported in Part A.)

Full Name of Contributor	Date [MM/DD/YYYY]
WALLY SCOTT	
House # Street Address	01/02/2015 50.00 Date [MM/DD/YYYY] \$
910 WASHINGTON STREET	Date [MM/DD/YYYY] \$
City State Zip Gode	Pate [MM/DD/YYYY] \$
READING PA 19601	
Full Name of Contributor	Date [MM/DD/YYYY] \$
ALBERT RIVERA	02/03/2015 150.00
House # Street Address	Date [MM/DD/YYYY] \$
520 BINGAMAN ST.	
City State Zip Code	Date [MM/DD/YYYY] \$
READING PA 19602	
	Date [MM/DD/YYYY] 3
RUDDY MATOS	02/10/2015 150.00
Succession	Date [MM/DD/YYYY] \$
1055 COTTON ST.	
City State Zip Code	Date [MM//DD/YYYY] \$
READING PA 19602	
Full Name of Sontributor	Date [MM/DD/YYYY] \$
DONALD H. LEIBY House # Street Address	02/03/2015 100.00
	Date [MM/DD/YYYY] \$
4130 PENN AVE.	
City State Zip Code	Date [MM/DD/YYYY] \$
SINKING SPRING PA 19608 Full Name of Contributor	
	Date [MM/Db/YYYY] \$
MISAEL MARMOLEJOS House # Street Address	02/10/2015 250.00
	Date [MM/DD/YYYY] \$
GREENWICH STREET	
DEADING	Date [MM/DD/YYYY] \$
READING PA 19604	
	Date [MM/DD/YYYY] \$
NELSON CANDEBROS	02/10/2015 200.00
	Date [MM/DD/YYYY] §
FRANKLIN ST.	
DEADING Liptote	Date [MM/DD/YYYY] \$
READING PA 19602	

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:				
Full Name of Contributor			Date [MM/DD/YYYY	Designation of the second
FRA	NCISCO VALDE			
House # Street Add	ress		02/10/2015 Date [MM/DD/YYYY]	200.00
300	S. 6TH STRE	EET		
READING	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor	PA	19602		
DAE	ACI DUENO		Date [MM/DD/YYYY]	
House # Street Add	AEL BUENO		02/10/2015	250.00
200	N. 10TH ST.		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	
READING Full Name of Contributor	. □ PA	19601		
			Date [MM/DD/YYYY]	
JOSE	R. LOPEZ OLIV	/ARES	02/10/2015	250,00
riouse # Street Addi	(2)		Date [MM/DD/YYYY]	8
Gity	BINGAMAN S	TREET Zip Code		
READING	PA	19602	Date [MM/DD/YYYY]	8
Full Name of Contributor	Efficiency	19002	Date [MM/DD/YYYY]	
ELIZ#	BETH EBNER			
Street Addre	ess		02/11/2015 Pate [MM/DD/YYYY]	200.00
88	WEAVERTOW	/N LN.		
DOUGLASSVILLE	State	Zip Code	Date [MM/DD/YYYY]	\$
ull Name of Contributor	PA	19518		40 % 10 % 10 %
JENN	FER L. NEVINS		Date [MM/DD/YYYY]	
ouse # Street Addre			02/11/2015	200.00
316	KENTUCKY A	VENUE	Date [MM/DD/YYYY]	S
ity	State	Zip Code	Date [MM/DD/YYYY]	8
SINKING SPRING	PA	19608		?
			Date [MM/DD/YYYY]	
RYAN ouse # Street Addres	W. MCALLISTER	₹	02/13/2015	200.00
81	* !		April 1 A Contract Contract	200.00
iv oi	FLINT RIDGE [
READING	PA	Zip Code 19607	Date [MM/DD/YYYY]	
	SELECTION .	1900/		

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:			
Full Name of Contributor			
			Date [MM/DD/YYYY] \$
	M. PHIPPS		02/14/2015 100.00
	ress		Date [MM/DD/YYYY] \$
241 City	W. OLEY ST	TREET	03/18/2015 100.00
READING	State	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	PA	19601	
			Date [MM/DD/YYYY] \$
	IAM H. WOOLV	VORTH, III	02/21/2015 150.00
1810			Date [MM/DD/YYYY] \$
City	HOLLY RD.	per all the periodic and a second	
READING	State PA	Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	IA	19602	
FELL	K F. PLACIDO		Date [MM/Db/YYYY] \$
House # Street Addr			03/07/2015 100.00
911	PENN ST.		Date [MM//DD/YYYY] \$
City	State	Zip Code	
READING	PA	19601	Date [MM/DD/YYYY] \$
Full Name of Contributor		19001	
FLISE	O SANDOVAL		Date [MM/pD/YYYY] \$
House # Street Addre	ess CANDOVAL		03/10/2015 250.00 Date [MM/BD/YYYY] \$
942	LAURELEE	\\/E	Date [MM/IDD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
READING	PA	19605	Date [MM/DD/YYYY] \$
Full Name of Contributor		And the same of th	Date [MM/DD/YYYY] §
FUEN	TES GROCERY	'STORE	03/10/2015 200,00
House # Street Addre	SS		Date [MM/DD/YYYY] \$
522	N. 9TH ST.		
City	State	Zip Code	Date [MM/DB/YYYY] \$
READING	PA	19604	
			Date [MM/DD/YYYY] \$
LUIS F	ROSARIO		03/10/2015 250.00
			Date [MM/DD/YYYY] \$
3830 Silver 1830 Silver	N. 13TH STRE		
READING	State	Zip Code	Date [MM/DD/YYYY] \$
INCADING	PA	19604	

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

Filer identification Number:

(Exclude contributions from political committees reported in Part A.)

Full Name of Contr						
ruli Name of Contr				Date [MM/DD/YYYY]	\$	
Madaza a 1	REYES	GROCERY		03/10/2015	100.00	
House #	Street Address			Date [MM/DD/YYYY]	\$	
808		WALNUT S	Τ.			
READIN)G	State PA	Zip Code	Date [MM/DD/YYYY]	\$	
ull Name of Contr		FA	19601			
			•	Date [MM/DD/YYYY]	- S	ميرتنك
louse#	Control of Control of Control	V A. ABREU	_	03/10/2015	250.00	
	Street Address			Date [MM/DD/YYYY]	\$	
900		NORTH 11T	H STREET			
itý READIN	G	State PA	Zip Code	Date [MM/DD/YYYY]	\$	
ull Name of Contri		_ FA	19604		100 m	
un Name of Contra	outor			Date [MM/DD/YYYY]	\$	-
ouse#	and the section of th	B. NUNEZ		03/09/2015	250,00	
	Street Address		· ·	Date:[MM/DD/YYYY]	\$ 200.00	
19		SPRING CR	EST BLVD.			
ty		State	Zip Code	Date [MM/DD/YYYY]	3	
	SPRING	PA	19608	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
all Name of Contrib	- (B. 4) - (C. 1)			Date [MM/DD/YYYY]	\$	
	- 1 (1) A	O A. REYES		03/10/2015	250.00	
ouse#	Street Address			Date [MM/DD/YYYY]	\$	
134		W. OLEY ST.			. (현실) . (2) (전) . (한) (전)	
y		State	Zip Code	Date [MM/DD/YYYY]	\$	
READING		PA	19601			
ll Name of Contrib	itor			Date [MM/DD/YYYY]	8	
	CARLOS	S ROMEO ME	ENDEZ GARCIA	03/18/2015	100.00	
use#	Street Address				8	·
430		ROBESON S	T.			
Y		State	Zip Code	Date [MM/DD/YYYY]	\$	
READING		PA	19601			
l Name of Contribu	itor			Date [MM/DD/YYYY]	\$	
	A BUND	LE OF JOY C	ARE CENTER LLC	03/18/2015		
use #	Street Address		OLIVILIVELO		100.00 \$	
1218	King bayan	UZERNE ST.				٠.
		State	Zip Code	Date [MM/DD/YYYY]	8	
READING		PA	19601	Tanay Rev. 14 (1)	\$	

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

		The second secon			
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
FRANC	ISCO C. MOF	03/11/2015		100.00	
House # Street Address		Date [MM/DD/YYYY]	S	100.00	
62	DOWNING D	ıD	PAGE 1 177.5 18. 11. 2 17. 20.20.2		
City	State	Zip Code	Date [MM/DD/YYYY]	_ \$	
WYOMISSING	PA	19610	· 公益等級公司等最大公司。 · · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
FERNA	NDO A. ENCA	ARNACION	03/16/2015		100.00
House # Street Address		WWW.TOTOTA	Date [MM/DD/YYYY]	\$	100.00
1030	JOSEPHINE	DR.		200	
CILY	State	Žip Code	Date [MM/DD/YYYY]	\$	
TEMPLE	PA	19560	Control of the Contro		
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
RAMON	NA ZARZUELA	1	03/16/2015	St.	200.00
House # Street Address			Date [MM/DD/YYYY]	\$	200.00
629	KATHRYN S	Τ.			
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
READING	l la	19601			
Full Name of Contributor		Section Chief Chief Control of Co	Date [MM/DD/YYYY]	\$	
RENE A	A. RODRIGUE	Z	03/17/2015	*	100.00
Hoüse # Street Address			Date [MM/DD/YYYY]	\$	
337	W. GREENW	ICH STREET	and the second of the second o		
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
READING	PA	19601			
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
PEDRO	PAULINO		03/17/2015		150,00
House # Street Address			Date [MM/DD/YYYY]	\$	
252	SOUTH 4TH	ST.			
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
READING	PA	19602		- - - -	
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
** TAVARI	EZ GROCERY	'STORE	03/17/2015		250.00
House # Street Address			Date [MM/DD/YYYY]	\$	
365	N. FRONT ST	7.			
City	State	Žip Cộđe	Date [MM/DD/YYYY]	\$	
READING	РА	19601			

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Full Name of Contributor			Date [MM/DD/YYYY]	\$	
	EN S. KEISER				
House # Street Address			03/18/2015 Date [MM/DD/YYYY]		250.00
515					
City	N. 9TH ST.	Zip Code	Date [MM/DD/YYYY]	\$	
READING	PA	19604	Date Into pp/1111		
Full Name of Contributor	hitedra Santo Pales	principle and the second secon	Date [MM/DD/YYYY]	\$	
A AND	C. AUTO SE	RVICE	03/18/2015		250.00
House # Street Address		ITTIOL	Date [MM/DD/YYYY]	Ş	230.00
10	S. MUSEUM	RD	The second secon		
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
SHILLINGTON	PA	19607	A TOTAL CONTRACTOR OF THE PARTY		
Full Name of Contributor		- A-make- and an	Date (MM/DD/YYYY)	S	
GLADY	'S M. CASTILI	_0	03/18/2015		100.00
House # Street Address			Date MM/DD/YYYY]	\$	100100
4114	7TH AVENU	E	14	(1) · 10 · 10 · 10 · 10 · 10 · 10 · 10 ·	
City.	State	Zip Codé	Date (MM/DD/YYYY)	8	
TEMPLE	PA	19560			
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
DANIEI	_ MATEO		03/18/2015		250.00
House # Street Address			Date [MM/DD/YYYY]	\$	200.00
4114	7TH AVENU			s (c	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
TEMPLE	PA	19560		18. 3	
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
DAVID	A. KOEFFLEF	₹	03/18/2015		250.00
.House # Street Address			Date [MM/DD/YYYY]	\$	
1927	MOUNTAIN I	ROAD			
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
HAMBURG	PA	19526			
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
191299 (1941 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 11 12 1	IUEL E. PERE	Z DE JESUS	03/18/2015	4. 27. 2	200.00
House # Street Address			Date [MM/DD/YYYY]	\$	
342	SPRING ST.				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
READING	PA	119601		134	* 1

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

Filer Identification Number:

(Exclude contributions from political committees reported in Part A.)

· · · · ·	Date [MM/DD/YYYY]	_ \$			
DORIS PENA House # Street Address					
	Date [MM/DD/YYYY]	\$	150.00		
RCLE					
Zip Code	Date [MM/DD/YYYY]	\$			
19605	7				
	Date [MM/DD/YYYY]	\$			
CY LLC	03/18/2015		200.00		
	Date [MM/DD/YYYY]	\$			
' =	The second secon				
Zip Code	Date [MM/DD/YWYY]	*			
19601					
	Date [MM/DD/YYYY]	\$			
	and a state of the section of the se	4- 7- 	000 00		
			200.00		
⋶ ⇔' Т -					
	- D-42 (4444/DD-7244/4)				
		3.			
19605		yar.			
	Date [MM/DD/YYYY]	\$			
RVICES	03/18/2015	1 A	250.00		
	Date [MM/DD/YYYY]	. \$			
		Street 2			
1. 1470年,新疆教徒的人员	Date [MM/DD/YYYY]	\$			
		10 T			
	Date [MM/DD/YYYY]	\$			
	03/18/2015		200.00		
	Date [MM/DD/YYYY]	\$			
ST.			•		
Zip Code	Date [MM/DD/YYYY]	\$			
19602		Sold and	• •		
	Date [MM/DD/YYYY]	\$			
QUEZ	03/21/2015		100.00		
	Date [MM/DD/YYYY]	\$			
/N ST	The second secon				
Zip Code	Date [MM/DD/YYYY]	Ś			
19605	The street of th				
	19605 19601	RCLE	Date [MM/DD/YYYY] S		

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

Filer identification Number:

(Exclude contributions from political committees reported in Part A.)

Section 1990 Section 1990				منتسب	
Full Name of Contributor			Date [MM/DD/YYYY]	_ \$	
	JEFFREY P. XAVIOS	3	03/23/2015		200.00
House # Stre	et Address		Date [MM/DD/YYYY]	\$	200.00
938	M OTH CTDI	::::::::::::::::::::::::::::::::::::::	24- 1 to 4 23/2000 12:00 to 30/2000 10:00		
Gity	N. 8TH STRE	Zip Code	VERNE TEXAS SECULIARIOS		
READING	PA	19603	Date [MM/DD/YYYY]	S	
Full Name of Contributor					>
ruii Name of Contributor			Date [MM/DD/YYYY]	\$	(
and the second of the second s	JESUS M. RODRIGU	IEZ	03/27/2015		100.00
House # Stre	et Address		Date [MM/DD/YYYY]	\$	
600	TULPEHOCK	(ENIST			
City	State	Zip Code	Date [MM/DD/YXYY]	\$	
READING	PA	19601		a 7	
Full Name of Contributor	AND	10001	Date [MM/DD/YYYY]	7 \$	
Company			And the second s	4	
PROCESSOR CONTRACTOR C	JULIO C. RODRIGUE	Z	03/10/2015		100.00
House # Stre	et Address		Date [MM/DD/WWY]	\$	
750	CHESTNUT	ST.			
City	State	Zip Code	Date (MM/DD/YYYY)	\$	
READING	PA	19602	The second secon		
Full Name of Contributor		10002	Date [MM/DD/VYYY]	\$	
			the second secon		
	CARLOS SALGUERO)	03/16/2015		100.00
House # Stire	et Address		Date [MM/DD/YYYY]	\$	
1001	BARRETT RI	D.		ŭ.	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
READING	PA	19605			*
Full Name of Contributor		NI	Date [MM/DD/YYYY]	\$	
	DELCIO R. ALMANZ	'AD	04/00/0045		050.00
House # Stre	et Address	<i>(</i> 711)	04/02/2015		250.00
[1892]			Date [MM/DD/YYYY]	\$	-
2270	NORTHMON'	T BLVD.			-
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
READING	PA	19605			
Full Name of Contributor			Date [MM/DD/YYYY]	\$	
	VAL SARKO		04/18/2015	2.5%	150.00
House # Stre	et Address		Date [MM/DD/YYYY]	\$	100.00
				137 0	
	PO BOX 1505		<u> </u>		
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
READING	IDΛ	10612		1.50	

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from $$50.01\ TO\ 250 in the reporting period.

Filer Identification Number:

(Exclude contributions from political committees reported in Part A.)

Full Name of Co	ntributor.			Date [MM/DD/YYYY] \$	
	ANCEL	A CADMELI	0		^
House #	Street Address	A CARMELL	<u>.U</u>	04/20/2015 100.0 Date [MM/DD/YYYY] \$	0
				Date [MM/DD/YYYY] \$	
101	8	RILL RD.		2000	
City	DINO	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	DING	PA	19606		
rui Name of CC				Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	we-ik-ye-a-				
				Date [MM/DD/YYYY] \$	
House #	Street/Address			Date [MM/DD/YYYY] * \$	
City		State	Zip Code	Date [MM/DD/YYYY] 3 \$	
Full Name of Co	ntributor	u u veti s Saiser	Production and Contract of L	Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY] & \$	
				Date [MM/DD/YYYY] 4 \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor	ALASTE STATE		Date [MM/DD/YYYY] \$	
		:			
House #	Street Address			Date [MM/DD/YYYY] \$	
Gity	and the state of t	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$:
Fig. 1		l secondoral			
City		State	Zip Code	Date [MM/DD/YYYY] \$	· ·

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C) PAGE 12

Filer Iden	ntification Numi	ber:					· · · · · · · · · · · · · · · · · · ·				
		20									
Full Nan	ne of Contribu	utor						Date [MM/I	ND/VVVVI	\$	
			SILVIC	O SCHIAR	2OLI		<u> </u>		<u> </u>	+	2 522 22
House #	ř T		et Address		.OLI			01/11/20 [.] Date [MM/I		Š	2,500.00
	2	31.	A Augus	ORIOLE	םח.		à.	Dare Livitory	white the	"	
City				State	DK.	Zip Code		Date [MM/E	~~ NAVAVA		· · · · · · · · · · · · · · · · · · ·
N 7 A 10	WYOMIS:	SIN	G		PA	19610		Date living	יין ניו ניועע	\$	
Employe	ar Name	estimation Partition		The section of	1	1 1 1 3 4 5 1 C 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Occupation	Set	<u> 12/3</u>	
Employ	er Mailing Ado	dress		N/A - RE	TIKED		-		N/A - R	ETI	RED
Principa	l Place of Busi	iness		N/A - RE	TIRED	J					
Full Nam	ne of Contribu	rtor'	·				/ <u>\$</u>	Date [MM/D	D/YYYŸ]	\$	
			LA CA	SA DEL C	СНІМІТ	RESTAURANT	ļi	01/15/20	- 15		300.00
House #	Andrew Marie Marie Andrew Andrew Marie Mar	Stree	et Address					Date [MM/[\$	
Lave Engl	101			S. 4TH S	TREE	Т					
City	<u>.:I</u>	4	- Saint	State		Zip Code		Date [MM/D	D/YYYY]	\$	
	READING	3			PA	19602		- The decrease of the second	Street No.		
Employe	r Name			A CASA	DEL	CHIMI RESTAURA	ΔNT	Occupation	RESTA	IIQ.	^ NIT
	er Mailing Add						Jaco		INLUIT	O I V	AINI
Action for the Control of the Control	i Place of Busi ne of Contribu	Cyrist Superior	2.5	101 5. 41	HSIF	REET, READING F			and the second supplies the second	*****exty	
Full Ivap	6 or country	tor	ı				35	Date [MM/D	O/YYYYJ	\$	
1				IAS J. CAF	RL			01/30/20		\$	300.00
House #	:1	Stree	et Address		-			Date [MM/D	D/YYYY]	\$	
	107			E. MAIN S	ST., SI					200	
City				State 4		Zip Code		Date [MM/D	D/YYYY]	\$	
[] Employe	NORRIST Tr Name	Ovv	N		PA	19401	iń	tion	· ·	A. T.	
				THOMAS	CAR	BAIL BOND	, i.e.	Occupation	BAIL BO	JMC	
	r Mailing Add I Place of Busi			107 E. M	AIN ST	Г., STE 300, NORF	RISTOV	MN PA 1	9401		
100 C FO	ne of Contribu	M to S		101 =	1131	,, 011 000, 1101		Date [MM/D		\$	
			IOSE (O. PEPEN	.l			01/30/20	10-25-1 2 - 1 3-1		2,500.00
House #	<u> </u>	. C. A	t Address					0 1/30/20 Date [MM/D		s	2,300.00
	109			S. 4TH S	т.		12.5	「関係で達すがいりませい	SECTION 1		
City	103	- 10 Mg.		State	<u> </u>	Zip Code		Date [MM/D	η ζέννος	\$	
기와 관련했다.	READING	4		100000000000000000000000000000000000000	PA	19602		A STATE OF THE STA	<u> </u>		
Employe				Han Arrive	· · · · · · · · · · · · · · · · · · ·			Occupation		N. 5	·
		1	$[-,-]_{ab}$	N/A - RE	TIRFF)			N/A - RE	=T11	RED

Employer Mailing Address /

Principal Place of Business

N/A - RETIRED

All Other Contributions

Over \$250,00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C) PAGE 13

Filer Identification Number:			
PLANTIN A ALL STEAM TO ACT OF ACT I			
Full Name of Contributor		Date [MM/DD/YYYY]	\$
Application and the second of	IARD D. TURNER	01/30/2015	1,000.00
House # Street Addres	šš		\$
413	HARVARD AVE.		
City	State Zip Code	Date [MM/DD/YYYY]	/#2
BROOMALL Employer Name	PA 19008	2 - 200 - Ada (100 - 200	
	N/A - RETIRED	Occupation N/A - RE	ΓIRED
Employer Mailing Address / Principal Place of Business	N/A - RETIRED	Land Assert Congression and Co	
Full Name of Contributor	And the second s	Date [MM/DD/YYYY]	
LAZA	ARO PEPEN	01/30/2015	2,500.00
House # Street Addres		Date [MM/DD/YYW)	I
132	S. 5TH ST.		
City	State Zip Code	Date [MM/DD/YYYY]	\$
READING	PA 19602	a training of the property of	1 1 2 1
Employer Name	SELF-EMPLOYED	Occupation MD	
Employer Mailing Address / Principal Place of Business	132 S. 5TH ST., READING, PA 196	The State of the S	
Full Name of Contributor		Date [MM/DD/YYYY]	
NELS	SON E. ESPINAL	02/05/2015	1,500.00
House # Street Addres		Date [MM/DD/YYYY] \$	al 1
1211	MEADE ST.	12 12 12 12 12 12 12 12	
City	State Zip Code	Date [MM/DD/YYYY] \$	
READING	PA 19611		
Employer Name	SELF-EMPLOYED	Occupation GROCER	
Employer Mailing Address / Principal Place of Business	1211 MEADE ST., READING, PA 1		
Full Name of Contributor	1211 MEADE OT, NEADING, FA I	90 Date [MM/DD/YYYY] \$	«.I
	LDE R. SOTOMAYOR	02/06/2015	
House # Street Address		02/06/2015 Date [MM/DD/YYYY] \$	2,500.00
3	SPRING VALLEY ROAD		// // // // //
City	State Zip Code	Date [MM/DD/YYYY] \$	
READING	PA 19605	1977 - 1977 - 1975 1 de 1984 1 de 19	
Employer Name		Occupation	
Employer Mailing Address /	SELF-EMPLOYED	MD	·

3 SPRING VALLEY ROAD, READING, PA 19605

Principal Place of Business

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

PAGE 14

	The state of the s	V) , NOL 17
Filer identification Number:		

Full Name of Contributor		Date [MM/DD/YYYY]
ANTO	NIO SOTOMAYOR	02/06/2015 2,500.00
House # Street Address		Date [MM/DD/YYYY] \$
3	SPRING VALLEY ROAD	
City READING	State Zip Code 19605	Date [MM/DD/YYYY] \$
Employer Name	SELF-EMPLOYED	Occupation
Employer Mailing Address /		MD
Principal Place of Business	3 SPRING VALLEY ROAD, READIN	
Full Name of Contributor		Date [MM/DD/YYYY] \$
C. C. S.	LDO ANTONIO JIMENEZ	02/13/2015 500.00
House # Street Address		Date [MM/DD/YYYY] \$
309	N. 5TH ST.	
READING	State Zip Code 19601	Date [MM/DD/YYYY] \$
Employer Name	EL BOHIO	Occupation RESTAURATEUR
Employer Mailing Address / Principal Place of Business	309 N. 5TH ST., READING, PA 1960	01
Full Name of Contributor		Date [MM/DD/YYYY] \$
SUNIL	DA D. TEJADA	02/13/2015 500.00
House # Street Address		Date [MM/DD/YYYY] \$
1. Control (1997) 1	S. 5TH ST.	03/16/2015 500.00
READING	State Zip Code PA 19602	Date [MM/DD/YYYY] \$
Employer Name	CARIBE TRAVEL	Occupation MULTI-SERVICE
Employer Malling Address / Principal Place of Business	38 S. 5TH ST., READING, PA 19602	
Full Name of Contributor		Date [MM/DD/YYYY] \$
	HIA M. CLAPPERTON	
	HIA M. CLAPPERTON	The state of the s
CYNTI	HIA M. CLAPPERTON GREENBRIAR RD.	02/23/2015 1,400.00
CYNTH House # Street Address 333	GREENBRIAR RD. State Zip Code	02/23/2015 1,400.00
CYNTH House # Street Address 333	GREENBRIAR RD.	02/23/2015 1,400.00 Date [MM/DD/YYYY] \$

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C) PAGE 15

Filer (den	ntification Num	ber:		4,4,11			/Controllation in	
	<u>Elel Pawa sa</u>							
Full Nam	me of Contribu	utor		Marine Control of the		Date [MM/DD/YYYY]	\$	
			CLEM'	IENCIA REYES		03/09/2015		500.00
House #		Stre	eet Address	,		Date [MM/DD/YYYY]	\$	
	1941	1.5		GRING DR.				
10	WYOMIS	<u> </u>	1G	State PA	Zip Code 19610	Date [MM/DD/YYYY]	\$	
Employe		- 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		SELF-EMPLOY	YED	Occupation LANDLC	نت <u>SR</u> I	ם
	er Mailing Add Il Place of Busi			1941 GRING F	DR., WYOMISSING, PA	. 19610		
Full Nam	ne of Contribu	itor			· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
			CARM	MELA SCHIAROL	_l	03/09/2015		2,500.00
House #	Section of the sectio	Stre	et Address			Date [MM/DD/YYYY]	\$	
	2			ORIOLE DR.				1
	WYOMISS	SIN		State PA	Zip Code 19610	Date [MM/DD/YYYY]	\$	
Employe				N/A - RETIRED	100 - 100 -	Occupation N/A - RF	<u> </u>	
	er Mailing Add		1			N/A - RE	<u> </u>	<u>{FD</u>
The second second second second	l Place of Busi ne of Contribu	Section and a second		N/A - RETIRED		The second second second		
FUD 1100	e or concin-	to	A,	**********		Date [MM/DD/YYYY]	\$	Ĭ
House #		lérre	SERAF	FIN AMANCIO		03/11/2015	1.5	2,500.00
HOuse		193 A 1975	Harris A. C.			Date [MM/DD/YYYY]	\$	1
City	146			MEADOW CT. E				l
Š	SINKING	SPF	RING	State PA	Zip Code	Date [MM/DD/YYYY]	\$	
Employer			4. j	READING BEI	HAVIORAL HEALTH CT	Occupation NURSE		
Principal	er Mailing Add I Place of Busi	iness			, READING PA 19602	The state of the s		
Full Nam	ne of Contribut	tor			,	Date [MM/DD/YYYY]	\$	
		and Sheet a	·I	JTO SERVICE, L	_LC	03/13/2015		500.00
House #	1	Stree	et Address	i		Date [MM/DD/YYYY]	\$	
And the second second second	436	Section 1		N. 6TH ST.				
City		-		State	Zip Code	Date [MM/DD/YYYY]	\$	
the restriction of	READING	j Tradi		PA	19601			
Employer	Name			MC AUTO SER\	VICE, LLC	Occupation AUTO SI	ER'	VICE

436 N. 6TH ST., READING, PA 19601

Employer Mailing Address /

Principal Place of Business

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

PAGE 16

Filer Identification Number:			
Full Name of Contributor		Date [MM/DD/YYYY] \$	_
and the second of the second o	SON E. ESPINAL	03/14/2015 1,00	00.00
House # Street Addre	iss	Date [MM/DD/YYYY] \$	
1211	MEADE ST.		
City	State Zip Code	Date [MM/DD/YYYY] \$	
READING	PA 19611		
Employer Name	SELF-EMPLOYED	Occupation SELF-EMPLOYI	ED
Employer Mailing Address / Principal Place of Business	1211 MEADE ST., READING, PA 19		
Full Name of Contributor	IZIT MICADE ST., NEADING, LA I	Date [MM/DD/YYYY] \$	
	ALLITO MENIOANI DAIZEDVIILLO	100 July 100	
The second secon	ALLITO MEXICAN BAKERY II LLC		00.00
		Date [MM/DD/YYYY] \$	
830	OLEY ST.	基 (1)	
READING	State Zip Code 19604	Date [MM/DD/YYYY] \$	
Employer Name		Occupation	
	ELGALLITO MEXICAN BAKERY II L	LC BAKERY	
Employer Mailing Address / + Principal Place of Business	830 OLEY ST., READING, PA 19604	1	
Full Name of Contributor	<u> </u>	Date [MM/DD/YYYY] \$	
IOSE	E S. SUBERVI		00
House # Street Addres		03/16/2015 500.0 Date [MM/DD/YYYY] \$	00
526 Solve 526	PENN ST. State Zip Code	Date [MM/DD/YYYY] \$	
READING	PA 19602	Pare Milaton 11 1.11 1.22 s.A.s.	
Employer Name		Occupation	
Employer Mailing Address /	SELF-EMPLOYED	MD	<u></u> :
Principal Place of Business	526 PENN ST., READING, PA 1960	02	
Full Name of Contributor		Date [MM/DD/YYYY] \$	(
ISLA	LLC	03/16/2015 500.	.00
House # Street Addres		Date [MM/DD/YYYY] \$	
525	PENN ST.	100 mg	
City	State Zip Code	Date [MM/DD/YYYY] \$	·
READING	PA 19601	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Employer Name		Occupation	
	ISLA LLC	SELF-EMPLOYE	ΞD

525 PENN ST., READING, PA 19601

Employer Mailing Address /

Principal Place of Business

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

PAGE 17

Filer identification Nur	mber:							
Applicação de la Color Carrolla Colorado de Colorado d	The sale							
Full Name of Contrib	outor					Date [MM/DD/YYYY]	\$	
		JOSE	O. DELACRU	JΖ		03/16/2015	13 3 13 3	1,000.00
House #	Stře	et Address				Date [MM/DD/YYYY]	\$	
44			S. 4TH ST.					
City READIN	G		State PA	15 2	Zip Code 19602	Date [MM/DD/YYYY]	\$	
Employer Name					19002	Occupation	ŽV.	
Employer Mailing Ad			SELF-EMPL	OYE	D	SELF-E	MP	LOYED
Principal Place of Bu			44 S. 4TH S	T., F	READING, PA 19602			
Full Name of Contril	outor					Date [MM/DD/YYYY]	\$	
		FABIC	A. REYES			03/17/2015		500.00
House #	Stre	et Address				Date [MM/DD/YYYY]	\$	
1637			WESTWOO) RE),		100	
City	<u></u>	A CONTRACTOR OF THE PARTY OF TH	State		Zip/Gode	Date [MM/DD/YYYY]	\$	
WYOMIS Employer Name	SSIN	G	PA	1	19601		4 (A)	
And healing/andrews		and the second	SELF-EMPL	OYE	D	Occupation SELF-E	MF	PLOYED
Employer Mailing Ad Principal Place of Bu			1637 WEST	WO	OD RD., WYOMISSIN	IG. PA 19601		
Full Name of Contrib	and the same		성 		,	Date [MM/DD/YYYY]	\$	
AN SE		ARIEL	A. PERALTA			03/17/2015		400.00
House #	Stre	et Address				Date [MM/DD/YYYY]	\$	400.00
图1230			SCHUYLKILI	_ AV	Έ.			
City	1.55	<u> </u>	State		Zip Code	Date [MM/DD/YYYY]	\$	
READING	G		PA	3. 08	19601		9.3	
Employer Name	7.75% 1.55 7.74%		GLENSIDE	GRO	CERY	Occupation GROCE	R	
Employer Mailing Ad Principal Place of Bu					ILL AVE., READING,	Frank Rived clined as entitle College (
Full Name of Contrib	Application sales in	A COMPANY	1230 00110	ILI	ILL AVL., INLADING,	Date [MM/DD/YYYY]	\$	
		SUPE	RIOR REMOD)El II	NG GROUP	03/18/2015		500.00
House #	Stre	at Address	TOTAL TENIOL	/ L L II	TO OROOI	Date [MM/DD/YYYY]	\$	300.00
134			N. 5TH ST.					
City	1 45 mg		State	3; 47)	Zip Code	Date [MM/DD/YYYY]	\$	
READING	G		PA	10°.	19601		127. 127.	
Employer Name			132 334	ne.	Va. (2.5) [2.5] [2.5] [2.5]	Occupation Occupation	L	
WELLSTONE TELLS	Jan 1995		OULFKIOK	KEN	ODELING GROUP	CONSTI	KU	CHON

134 N. 5TH ST., READING, PA 19601

Employer Mailing Address /

Principal Place of Business

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	and the second s	 	
Piler identification Nilmbert			
AGENTALISM AND AND A SECOND RESERVED AND A SECOND REPORT OF THE PROPERTY OF TH			
# \$4.50 Per \$4.50 Per \$1.50 Per \$1.5			
The Control of the Co			
(4) 14. 14. 14. 14. 14. 14. 14. 14. 14. 14.			
The control of the co			

evil Nam	e of Contribu	B 220						Contract of Charles and the Paris	of all Markings are not any	Transferred	
EUII IVacje	e of Continu							Date [MM/D	D/YYYY]	\$	
			JOSE I	M. ESPIN	AL			03/18/201	5		500.00
House #		Street	Address					Date [MM/DI	D/YYYY]	\$	
	4114			7TH AVE	Ē			7-10			
City		<u> Pr. vys</u>	*, , , , , , , , , , , , , , , , , ,	State		Žip Code		Date [MM/DI	D /YYYY]	\$	
ON MARCON CONTRACTOR OF THE PARTY OF THE PAR	TEMPLE	7 Tables			PA_	19	9560				
Employer				SELF-EM	PLOY	/ED		Occupation	SELF-EI	MP	LOYED
Principal	r Malling Add Place of Busi	iness		4114 7TH	I AVE	., TEMPLE, P.	A 19560	Sold Real Property of the State			
Full Nam	e of Contribu	itor:	Districts					Date [MM/DI	D/YYYY]	\$	
7.3	Spet	F	EELIPS	E FANA				03/20/201			0.050.00
House #	T	Committee of the Commit	Address	I FAIRE				U3/20/201	- R	S	2,350.00
	A I				· · ~ ~ ·	 -	f	Date Dans.	71111J	•	
Fig. 1	1420			ROCKLAN	<u> </u>			and the second second second	**************************************	ing se Share	
City	~ = ^ DINIO	_		State	~~ a	Zip Code	·	Date [MM/DI	»/YYYY]	\$	
	READING rName®	i क्यानुहरू	San Jan Jan Jan Jan Jan Jan Jan Jan Jan J		PA	15	9604	The state of the s	70 70 73 8		
		a karatara ya . Karatara		SELF-EN	/PLO	YED		Occupation	SELF-E	MΡ	LOYED _
	r Mälling Add Place of Busin			1420 RC	CKL/	AND STREET	READING	. PA 1960			
34-7-2	71005 - 100	. 91.11	- Address and a second								
Full Namı	e of Contribut	tor						Date [MM/DD	7/YYYY]	\$	
Full Namı	e of Contribu		VELLI	VICTON S	ΔΝΤΔ	·NA		Commence and the contraction of	AT 3.	26	500 00
Full Name		V	NELLII Address	NGTON S	ANTA	NA	and the state of t	03/25/201	5		500.00
House #		V		·····		NA		Commence and the contraction of	5	26	500.00
House #		V		SPRING				03/25/201 Date [MM/DD	5 9/ YYYY]	\$	500.00
House #	512	V Street /		SPRING State	ST.	Žip Code		03/25/201	5 9/ YYYY]		500.00
House #	512 READING	V Street /	Address	SPRING State	ST. PA	Zip Code 19	9601	03/25/201 Date [MM/DD Date [MM/DD	5 9/ YYYY]	\$	500.00
House # City R Employer	512 READING	V Street /	Address	SPRING State	ST. PA	Zip Code 19	9601	03/25/201 Date [MM/DD	5 9/ YYYY]	\$	500.00
Høuse # City Employer Employer	512 READING	Street /	Address	SPRING State I SELF-EM	ST. PA PLOY	Zip Code 19	9601	03/25/201 Date [MM/DD	5 D/YYYY] D/YYYY]	\$	500.00
House # City R Employer Employer Principal	512 READING r Name	Street /	Address	SPRING State I SELF-EM	ST. PA PLOY	Žip Code 19 ′ ED	9601 , PA 19601	03/25/201 Date [MM/DD	5 D/YYYY] D/YYYY] NOTARY	\$	500.00
House # City R Employer Employer Principal	512 READING r Name r Mailing Addi Place of Busir	Street /	Address	SPRING State I SELF-EMI 512 SPRII	ST. PA PLOY NG S	Žip Code 19 ′ ED	9601 , PA 19601	O3/25/201 Date [MM/DD Date [MM/DD Occupation Date [MM/DD	5 D/YYYY] D/YYYY] NOTARY	\$ \$ \$	
House # City R Employer Employer Principal I	512 READING r Name r Mailing Addi Place of Busir	Street /	Address	SPRING State I SELF-EM	ST. PA PLOY NG S	Žip Code 19 ′ ED	9601 , PA 19601	O3/25/201 Date [MM/DD Date [MM/DD Occupation Date [MM/DD	5 D/YYYY] D/YYYY] NOTARY	\$	500.00 500.00
House # City R Employer Employer Principal	512 READING r Name r Mailing Addi Place of Bushr e of Contribut	Street /	Address LBER Address	SPRING State	ST. PA PLOY NG S	žip Code 19 ′ED T., READING,	9601 , PA 19601	O3/25/201 Date [MM/DD Date [MM/DD Occupation Date [MM/DD	5 D/YYYY] D/YYYY] NOTARY	\$ \$ \$	
House # City R Employer Employer Principal I Full Name	512 READING r Name r Mailing Addi Place of Busir	Street /	Address LBER Address	SPRING State I SELF-EMI 512 SPRII RTO LOPE SCHUYLK	ST. PA PLOY NG S	Žip Code 19 'ED T., READING,	9601 , PA 19601	O3/25/201 Date [MM/DD Date [MM/DD Occupation Date [MM/DD O3/13/2015	5 D/YYYY] D/YYYY] NOTARY D/YYYY] 5 D/YYYY]	\$	
City R Employer Employer Principal I Full Name	512 READING r Name r Mailing Addi Place of Busir e of Contribut	Street /	Address LBER Address	SPRING State I SELF-EMI 512 SPRII RTO LOPE SCHUYLK State	ST. PA PLOY NG ST	Žip Code 19 (ED T., READING,	9601 , PA 19601	O3/25/201 Date [MM/DD Date [MM/DD Occupation Date [MM/DD	5 D/YYYY] D/YYYY] NOTARY D/YYYY] 5 D/YYYY]	\$	
City R Employer Employer Principal Full Name	512 READING r Name r Mailing Addi Place of Bush e of Contribut	Street /	Address LBER Address	SPRING State I SELF-EMI 512 SPRII RTO LOPE SCHUYLK State	ST. PA PLOY NG S	Žip Code 19 (ED T., READING,	9601 , PA 19601	O3/25/201 Date [MM/DD Date [MM/DD Occupation Date [MM/DD O3/13/2015 Date [MM/DD	5 D/YYYY] D/YYYY] NOTARY D/YYYY] 5 D/YYYY]	\$	
City R Employer Employer Principal I Full Name	512 READING r Name r Mailing Addi Place of Bush e of Contribut	Street /	Address LBER Address	SPRING State I SELF-EMI 512 SPRII RTO LOPE SCHUYLK State F	ST. PA PLOY NG ST	Zip Code 19 'ED T., READING,	9601 , PA 19601	O3/25/201 Date [MM/DD Date [MM/DD Occupation Date [MM/DD O3/13/2013 Date [MM/DD	5 D/YYYY] D/YYYY] NOTARY D/YYYY] 5 D/YYYY]	\$	500.00
Gity Employer Employer Principal Full Name House # City R Employer	512 READING r Name r Mailing Addi Place of Bush e of Contribut	ress // ness tor A	Address LBER Address	SPRING State SELF-EMI STO LOPE SCHUYLK State F SELF-EMI	ST. PA PLOY NG ST Z KILL A PA	Zip Code 19 'ED T., READING,	9601 , PA 19601	O3/25/201 Date [MM/DD Date [MM/DD Occupation Date [MM/DD O3/13/2013 Date [MM/DD Date [MM/DD	5 D/YYYY] D/YYYY] NOTARY D/YYYY] 5 D/YYYY]	\$	500.00

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C) PAGE 19

Filer identification Number:			
Full Name of Contributor		Date [MM/DD/YYYY]	\$
FRAI	NCISCO GUERRERO	04/22/2015	500.00
House # Street Addre			\$
642	NEW DAUPHIN ST.		
City	State Zip Code	Date [MM/DD/YYYY]	\$
LANCASTER	PA 17602		7 % }
Employer Name	EO NETWORK I O	Occupation	
Employer Mailing Address /	FG NETWORK LLC	OWNER	
Principal Place of Business	642 NEW DAUPHIN ST., LANCASTI	ER, PA 17602	
Full Name of Contributor		Date [MM/DD/YYYY]	\$
FLOF	RIA HREZDAC	04/14/2015	500.00
House # Street Addres			\$
1805	PERKIOMEN AVE.	Company of the Compan	
City	State Zip Code	Date [MM/DD/YYYY]	<u>\$</u>
READING	PA 19606		X 30
Employer Name	And	Occupation:	500
Employer Mailing Address / 🐇	SELF-EMPLOYED	SELF-EM	PLOYED
Principal Place of Business	1805 PERKIOMEN AVE., READING	, PA 19606	
Full Name of Contributor		Date [MM/DD/YYYY]	
MAS	TER TIRE CENTER	04/13/2015	400.00
House # Street Addres			\$
2145 % City	HOWARD BLVD.	Trans In and I from Honory	<u> </u>
READING	State Zip Code 19606	Date [MM/DD/YYYY]	\$.] }
Employer Name	1	Occupation	
	MASTER TIRE CENTER	AUTO SE	RVICE
Employer Mailing Address / Principal Place of Business	2145 HOWARD BLVD., READING, PA	A 19606	
Full Name of Contributor		Date [MM/DD/YYYY]	§:
REAL	DINGS FINEST AUTO GROUP	04/11/2015	1,000.00
House # Street Addres		Date [MM/DD/YYYY]	<u> </u>
340	REED ST.		147 147 144
City	State Zip Code	Date [MM/DD/YYYY]	
READING	PA 19601	Sar hand on 1111	10
Employer Name		Occupation	<u> </u>
Tank Alexander	READINGS FINEST AUTO GROUP	Occupation AUTO SE	RVICE

340 REED ST., READING, PA 19601

Employer Mailing Address /

Principal Place of Business

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

PAGE 20

Filer Identification Number:		
Full Name of Contributor		Date [MM/DD/YYYY] \$
LIN	IDA J. BRANCADORA	04/14/2015 500.00
House # Street Add		Date [MM/DD/YYYY] \$
1018	VICTORY CIRCLE	
City	State Zip Code	Date [MM/DD/YYYY] \$
READING	PA 19605	
Employer Name	N/A - RETIRED	Occupation: N/A - RETIRED
Employer Mailing Address /		IV/A - INLIINED
Principal Place of Business	N/A - RETIRED	
		Date [MM/DD/YYYY] \$
NAME OF THE PARTY	LDO A. ROBLES	03/30/2015 300.00
House # Street Addi	ress	Date [MM/DD/YYYY] \$
130	N. 14TH ST.	
City	State Zip Code	Date [MM/DD/YYYY] \$
LEBANON Employer Name	PA 17046	Control of the Contro
The state of the s	SELF-EMPLOYED	Occupation SELF-EMPLOYED
Employer Mailing Address (E. Principal Place of Business	130 N. 14TH ST., LEBANON, PA 17	
Full Name of Contributor		Date [MM/DD/YYYY] \$
	OTHERS INTERNATIONAL FOODS	
House # Street Addi		04/26/2015 500.00 Date [MM/DD/YYYY] \$
	하면 되었다. 사용하는 100 mm (1997) - 100 mm (19 	
806 806	S. DUKE ST, State Zip Code	Date [MM/DD/YYYY] \$
LANCASTER	PA 17602	Pare Immi bol H 114
Employer Name		Occupation
Employer Mailing Address /	BROTHERS INTERNATIONAL FOC	DD FOOD SUPPLY
Principal Place of Business	806 S. DUKE ST., LANCASTER, PA	\ 17602
Full Name of Contributor		Date [MM/DD/YYYY] \$
PAL	JLA M. SZORTYKA	04/27/2015 1,000.00
House # Street Addr	ess	Date [MM/DD/YYYY] \$
1800	LORRAINE RD.	
City	State Zip Code	Date [MM/DD/YYYY] \$
READING	PA 19604	Marie 1997 Marie Indiana (1997)
Employer Name	DA DIALVEIS CLINIC OF DEADING	Occupation

625 SPRING ST., WYOMISSING, PA 19610

Employer Mailing Address /

Principal Place of Business

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:				#
Full Name of Contributor			Date [MM/DD/YYYY] \$	
CH	HTRA SINGH CH	HAUHAN	04/25/2015 50	00.00
House # Street Add	dress		Date [MM/DD/YYYY] \$	
329	FISHER RD	ı .		
GIV	State	Zip Code	Date [MM/DD/YYYY] \$	
READING	PA	19601	Per all	
Employer Name	BERKS CC	DUNTY	Occupation COUNSELOR	₹
Employer Mailing Address / Principal Place of Business	\$6 (J1.79) A	RT ST., READING, PA		
Full Name of Contributor	UUU UUU II.	I ST., NEADING, LA		
(Full typing)			Date [MM/DD/YYYY] \$	
House # Street Add	64		The fact than Britain 1	
House #	lress		Date [MM/DD/YYYY] \$	
City	PARTIES N	Total or desired light of the		
CONTRACTOR	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		<u>「「「「「」」」」</u>	Occupation	
Employer Mailing Address /				
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
			200 200	
House # Street Add	dress		Date [MM/DD/YYYY] \$	
City	State	Zip Code	Date [MM/DD/YYYY] \$	
			V. S. C.	
Employer Name		Note that the second of the s	Occupation	
Employer Mailing Address /			National of	
Principal Place of Business			The second secon	
Full Name of Contributor			Date [MM/DD/YYYY] \$	- · · · · · · · · · · · · · · · · · · ·
244				
House # Street Addi	ress		Date [MM/DD/YYYY] \$	-
	22 m			
City	State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name			Occupation	
Employer Mailing Address /	<u>2000</u>			
Principal Place of Business	No. 1			

SCHEDULE III

Statement of Expenditures

THE TOTAL STREET, CONTRACTOR WITH A SPECIAL ROSS.			
Filer Identification Number:	:		
[180] [- 19 1198년 12 12 12 12 12 12 12 12 12 12 12 12 12			
[4] [4] [4] [4] [4] [4] [4] [4] [4] [4]	' 	i i	
la it barai tiblista ka Makatawa ita wa Ma			
the same of the sa	·		

To Whom Pald				Date [MM/DD/YYYY]	<u> </u>	
	LAMAR AD	VERTISING CO).	02/05/2015	4,500.00	
House # 600	Street Address	EACT MEVEDO	INIZ DD	Description of Expend	liture	
City		EAST NEVERS	INN RU. Zip	dispersion of the contract		
READIN	IG	PA	Code 19606	ADVERTISING		
To Whom Paid				Date [MM/DD/YYYY]		
	STAR SIGN	NS .		02/17/2015	714.97	
House # 348	Street Address	DINE ODEEN E	OAD	Description of Expend	lture	
City	See Manager of the Control	PINE CREEK F		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
KEMPT	ON	PA	code 19529	SIGN RENTAL		
To Whom Paid				Date [MM/DD/YYYY]	\$	
		PENN BANK		01/21/2015	24.25	
House # 21	Street Address	МОРТИ СТИ ОТ	ъст	Description of Expend	iture	
City √	and the same of th	NORTH 6TH ST	ZID			
READING PA code 19601				BANK CHARGE		
To Whom Paid			101 3 200 200 201 1	Date [MM/DD/YYYY]		
	NATIONAL	PENN BANK		02/12/2015	15.00	
House #	Street Address	MODELLOTILOT	·DEET	Description of Expend		
21 City		NORTH 6TH ST	KEE I			
READIN	G	PA	Code 19601	BANK CHARGE		
To Whom Pald		1.00.000.000000000000000000000000000000	Name Committee of a special V	Date [MM/DD/YYXY]	\$	
	DOMINGO	TEJADA		02/10/2015	350.00	
House # 237	Street Address	S. 5TH ST.		Description of Expend	ture	
City		State	Zip			
READIN	1G	PA	code 19602	HEADQUARTER	RS RENT	
To Whom Paid				Date [MM/DD/YYYY]	\$	
	LAND DISP	LAYS, INC.		02/13/2015	100.00	
House #	Street Address	D O DOV 5040		Description of Expendi	ture	
City		P.O. BOX 5942	Zip			
∭ WYOMI	SSING	PA	code 19610	DESIGN FEE		
To Whom Paid	(and the state of t	Date [MM/DD/YYYY]	8	
	JUSTIN HA	RT		02/15/2015	840.00	
House #	Street Address	N DDODOT OT		Description of Expendi	ture	
423 Gity		N. BROBST ST	Z(p			
SHILLIN	IGTON	PA	code 19607	POST CARDS		
To Whom Paid		Printed in Systematics	1. Chini Tenti Lend (Part. 1)	Date [MM/DD/YYYY]	\\$ ''	
	PRO AUTH	ORITY STUDIC).	03/04/2015	375.00	
House #	Street Address	N 4071107		Description of Expendi		
1115 City		N. 13TH ST.	2)0 % %			
Piesi I						

Statement of Expenditures

Ĭ	F	ler.	lde	ntifica	tío	n N	umb	er.	
	ď	Y-5.	9.	100				177	l

To Whom Paid					Date [MM/DD/YYYY]	\$
	STAR SIGNS	•			03/04/2015	500.00
House #	Street Address				Description of Expendit	8. 7. s
348	PI	NE CREEK	ROAD		a sa Santana A	
KEMPT	ON	State PA	Zip Code 1	19529	SIGN RENTAL	
To Whom Paid					Date [MM/DD/YYYY]	\$
	METROPOLI	TAN EDISO	N COMPANY		03/04/2015	241.53
House #	Street Address				Description of Expendit	
City		.O. BOX 160	JU1 Zip			
READIN	1G	PA		19612	ELECTRIC BILL -	HQ
To Whom Paid					Date [MM/DD/YYYY]	Š
2 and	LAMAR ADVE	ERTISING C	O		03/04/2015	3,750.00
House # 600	Street Address	ST NEVER			Description of Expenditu	li ć
READIN	1G	State PA	Zip Code	19606	ADVERTISING	
To Whom Paid				<u> </u>	Date [MM/DD/YYYY]	\$
	LAND DISPLA	AYS, INC.			03/04/2015	1,100.00
House #	Street Address				Description of Expenditu	
Gity	P.	O. BOX 594				
WYOMI	SSING	state PA	Zip Gode 1	9610	DESIGN FEE	
To Whom Paid					Date [MM/DD/YYYY]	\$
	ABRAHAM LI	NCOLN HO	TEL		03/13/2015	4,000.00
House # 100	Street Address N.	5TH STREE	ΞΤ		Description of Expenditu	
City	With the second	State	Zip.			<u> </u>
READIN	IG	PA PA	Code 🐠 1	19601	FUNDRAISING D	INNER
To Whom Paid					Date [MM/DD/YYYY]	S
	DOMINGO TE	JADA			03/20/2015	700.00
House # 237	Street Address S.	5TH ST.	-		Description of Expendity	ie
City READIN	IG	State PA	Zip Code 1	9602	HEADQUARTER	S RENT
To Whom Paid		Lamberton of the I	Paras Communication			\$
	JUSTIN HART	Γ .			03/25/2015	375.00
House # 423	Street Address	BROBST S	т .		Description of Expenditu	re
City SHILLIN	1 00 V 2 10 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	State PA	Zip	9607	POST CARDS	
To Whom Paid						8 1
	LAND DISPLA	YS. INC.			03/25/2015	\$ 1,100.00
House #	Street Address			· · · · · · · · · · · · · · · · · · ·	Description of Expenditur	
		.O. BOX 594				
City WYOMIS	SSING	State PA	Zip Code 1	19610	DESIGN FEE	

Filer Identification Number:

LAMAR AD			Date [MM/DD/YYYY]	9[*\$.]
	VERTISING CO).	03/25/2015	3,750.00
House # Street Address 600	EAST NEVEDO	INIX DD	Description of Expend	iture
Chy Chy	EAST NEVERS	ZIP	and the second s	
READING	PA	Code 19606	ADVERTISING	
To Whom Paid			Date [MM/DD/YYYY]	8
STAR SIGN	18		03/25/2015	500.00
House # Street Address 348	PINE CREEK R	D	Description of Expendi	lure
City	State	Zip		
KEMPTON	PA PA	code 19529	SIGN RENTAL	
To Whom Paid			Date [MM/DD/YYYY]	\$
The state of the s	NICAL SERVIC	ES	03/25/2015	250.00
House # Street Address 300	N. FIFTH ST.		Description of Expendi	turë -
City	State	Zip		
READING	PA	Code 19602	RETURN OF CO	ONTRIBUTION
To Whom Paid			Date [MM/DD/YYYY]	\\$
FAST SIGN	S		03/25/2015	775.92
House # Street Address 700	N. 13TH STREE	_T	Description of Expendi	(ure
City	State -	Žip		<u> Salakira Salakira Lai jakira</u>
ALLENTOWN	PA	Code 18102	POST CARDS	-
To Whom Paid			Date [MM/DD/AYAY)	
House # Street Address	SANTO		03/25/2015	57.56
PROPERTY AND A STATE OF THE PR	E. 40TH STREE	T	Description of Expendit	ure
City	State	Zip 🦠		
READING	PA	Code 19606	REIMBURSEME	
To Whom Paid	-0.4 \ 175.0		Date MM/DD/YYYY	
House # Street Address	SANTO		03/25/2015	44.27
	E. 40TH STREE	T	Description of Expendit	ure .
City	State	Zip		
READING	PA	Code 19606	REIMBURSEME	
To Whom Paid	041170		Date [MM/DD/YYYY]	4674.4
CHERIE DE House # Street Address	SANTO		04/14/2015	583.07
	E. 40TH STREE	ΞT	Description of Expendit	ure
City READING	State PA	Zip code 19606	REIMBURSEME	NT
Tố Whom Paid			Date [MM/DD//yyy/]	*C**
	VERTISING CO		04/14/2015	3,750.00
House # Street Address			Description of Expendit	
Plant and the Control of the Control	EAST NEVERSI			
READING	State PA	zip code 19606	ADVERTISING	

SCHEDULE III

Statement of Expenditures

PAGE 25

Filer Identification Number:

To Whom Paid				Date [MM/DD/YYYY]	\$
	FAST SIGN	S		04/22/2015	1,701.30
House # 700	Street Address	M 40TH OTDE		Description of Expens	diture
City		N. 13TH STRE	E (the state of the s
	ITOWN	PA	Code 18102	POSTERS	
To Whom Pald	of a			Date [MM/DD/YYYY]	\$
	RTC DIREC	T MAILING, IN	C.	04/23/2015	266.58
House #	Street Address	OFIDIANE		Description of Expend	iture
56 city ∣		SEIP LANE	Zip		
	MALERVILLE	PA	Code 19555	POSTAGE	
To Whom Paid				Date [MM/DD/YYYY]	\$
	JUSTIN HAI	RT		03/20/2015	375.00
House # 423	Street Address	N. BROBST, ST	_	Description of Expend	iture
City	NA AND AND AND AND AND AND AND AND AND A	State State	Zip		
SHILLI	NGTON	PA	Code 19607	POST CARDS	
®To Whom Paid⊚	<u> </u>	Control Control	Man Con S. of Science and	Date [MM/DD/YYYY]	100
	FAST SIGN	S		03/26/2015	483.36
House # 700	Street-Address	U 10TLL CTDEE		Description of Expend	lture
City		V. 13TH STREE	Zip		300
ALLEN	TOWN	PA	Code 18102	SIGNS	
To Whom Paid		The state of the s	Configuration Ass., 12.5.	Date [MM/DD/YYYY]	
	CESAR ABI	REU		04/10/2015	200.00
House #	Street Address	CTU OT		Description of Expendi	fure
City		S. 5TH ST.	Zip		The state of the s
READI	NG	PA	Code 19602	BROADCAST AI	OVERTISING
To Whom Paid		1 200 200 200 200 200 200 200 200 200 20		Date [MM/DD/YYYY]	
	I HART DES	IGNS		04/24/2015	885.00
House #	Street Address	L DDODOT OT		Description of Expendi	\$1.44°154.
423 City	ľ	N. BROBST ST.			
	NGTON	PA	Zip Code 19604	FLYERS	
To Whom Paid		1968 Springer		Date [MM/DD/YYYY]	8
	I HART DES	IGNS		04/24/2015	465.00
House #	Street Address			Description of Expendi	
423 city	<u> </u>	N. BROBST ST.			and and an analysis of the second
SHILLI	NGTON	State PA	zip Code 19604	BANNERS	
To Whom Paid		Leaven Consideration	Silver Was balle 1986	Date [MM/DD/YYYY]	188
	RTC DIREC	T MAILING INC	.	04/16/2015	2,672.40
House #	Street Address			Description of Expendi	
56		SEIP LANE			100 CO 10
City	MALERVILLE .	State PA	Zip Code 19555	MAIL DOLD / DO	
	MALLINVILLE	FA FA	Leone 19000	MAIL PREP / PC	JOTAGE

SCHEDULE III

Statement of Expenditures

Filer Ide	entifi	cation	·Nui	mbera
		2.4	(A) To	

To W	hom Paid						Date [MM/DD/YYYY]		
	STAR SIGNS						04/21/2015	500.00	
Hous	e#	Street Address					Description of Expend		
4	348	PINE CREEK RD.							
City	KEMPT					19529	BILLBOARD RENTAL		
To W	hom Paid						Date [MM/DD/YYYY]	\$	
	F (Ship)	LAMAR ADV	ERTIS	ING CO.			04/22/2015	750.00	
House	600	Street Address	EAST NEVERSINK ROAD			D	Description of Expendi	ture	
City		READING		PA	Zip Code	19606	5 POSTER FLEX	XES	
To W	tom Paid						Date [MM/DD/YYYY]	3	
a de la companya del companya de la companya del companya de la co		WEEU			04/22/2015	1,408.00			
House	34	Street Address	ORTH	FOLIRTH	STREET	۲	Description of Expendit	.ure	
City		IN THE RESERVE TO A STATE OF THE RESERVE TO	State		Zip				
	READING PA Code 19601				19601	ADVERTISING			
To WI	iom Paid		*				Date [MM/DD/AYYYY]	S	
		READING EA	GLE				04/22/2015	300.00	
House	345	Street Address		STREET			Description of Expendit	ure	
City	343	Status	State	DIREEL	Zĺp	r	A STATE OF THE STA		
	READIN	READING PA Code 19603					ADVERTISING		
To W	iom Paid				1200		Date [MM/DD/YYYY]	 \$	
METROPOLITAN EDISON COMPANY					Υ	04/22/2015	458.79		
House	#	Street Address P.O. BOX 16001					Description of Expendit		
	READING		State	PA	Žip Göde	19612	ELECTRIC BILL - HQ		
To Wh	iom Paid	" And Assault		·			Date [MM/DD/YYYY]	8	
	6 celegrania	LIFESIZE GI	REETIN	NGS			04/23/2015	1,950.00	
House	# 5028	Street Address AIRPORT RD.					Description of Expendit	ure	
City		/RHILLS	State	FL	Žíp Code	33542	CARDBOARD S	TANDUP	
To Wh	om Paid						Date [MM/DD/YYYY]	\$ 1 2-12-13	
	RTC DIRECT MAILING INC.					04/20/2015	3,196.98		
House	# 56	Street Address SEIP LANE					Description of Expenditi	ure	
City	<u> </u>	U U	State	VINE.	Zip				
SHOEMALERVILLE PA code 19555					MAIL PREP/POSTAGE				
To Whom Paid						3			
							27 J 77 C 19 J 20 J 2		
House	#	Street Address	• .			<u> </u>	Description of Expenditu	irė	
City	17.5		- Character I		Species and col	<u> </u>			
CILY			State		Zip Code				
200			64 - C		indesiral factors				